

Notice: Use of this form is required by the DNR for any application filed pursuant to ch. NR 173, Wis. Adm. Code. Personally identifiable information collected will be used for grant administration and will also be accessible by request under Wisconsin's Open Records law [ss. 19.31 - 19.69, Wis. Stats.]. Applications must be considered complete by the Department in order to be processed.

A complete application for this grant program shall include this form and all required attachments. A description of these attachments and information on completing this form can be found in the instructions document, "Brownfields Green Space and Public Facilities Grant Application Instructions" (# RR-695).

Total Grant Request Amount

\$

DNR Use Only		
Region	Grant Size	Application Number
Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Application Score
Project Manager		Telephone Number

Section 1. Eligibility Criteria

1. Is the applicant any of the following?

- city
- village
- town
- county
- redevelopment authority created under s. 66.1333, Wis. Stats.
- community development authority created under s. 66.1335, Wis. Stats.
- housing authority
- tribal governing body

☐ Yes ☐ No (STOP, applicant is not eligible for this grant program)

2. Is the site or facility where the grant funds will be used an abandoned, idle, or underused industrial or commercial property, the expansion or redevelopment of which is adversely affected by actual or perceived environmental contamination?

☐ Yes ☐ No (STOP, applicant is not eligible for this grant program)

3. Is this grant application for funding to conduct a remedial action and/or to develop a Remedial Action Plan (RAP) to remedy environmental contamination at the site or facility?

☐ Yes ☐ No (STOP, this application is not eligible for this grant program)

4. Is the project that is the basis for this grant application a project with long-term public benefit, including the preservation of green space, the development of recreational areas, or the use of a property by the local government?

☐ Yes ☐ No (STOP, this application is not eligible for this grant program)

5. Have both a Phase I and Phase II Environmental Site Assessment (see s. NR 750.03(5) and (6), Wis. Adm. Code) been completed for the site or facility?

☐ Yes ☐ No (STOP, this application is not eligible for this grant program)

6. Does the applicant have legal access to the site or facility?

☐ Yes ☐ No (STOP, applicant is not eligible for this grant program)

7. Will a local governmental unit or non-profit organization have ownership or long-term control of the site or facility after the project is completed?

☐ Yes ☐ No (STOP, applicant is not eligible for reimbursement under this grant program)

8. Is the person who caused the environmental contamination that is the basis for the grant request unknown, unable to be located, or financially unable to pay for the cost of eligible activities?

☐ Yes ☐ No (If the answer to Question 8 is No, proceed to Question 9)

9. Are the activities for which a grant is requested beyond the legal responsibilities of the person who caused the environmental contamination, and has some person conducted or agreed to fund the minimum necessary remedial action?

☐ Yes ☐ No (STOP, this application is not eligible for this grant program)

Section 2. Applicant Information

Type of Eligible Applicant: (select one)

- | | | | |
|---------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> County | <input type="checkbox"/> Village | <input type="checkbox"/> Tribe | <input type="checkbox"/> Community Development Authority under s. 66.1335 |
| <input type="checkbox"/> City | <input type="checkbox"/> Town | <input type="checkbox"/> Redevelopment Authority under s. 66.1333 | <input type="checkbox"/> Housing Authority |

Applicant Name	State Assembly District	County	
Mailing Address	City	State	ZIP Code
Authorized Local Governmental Unit Representative	Title	Telephone Number	

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Section 2. Applicant Information (continued)

Contact Person for Applicant, if other than authorized representative	Title	Telephone Number	
E-Mail Address	Fax Number		
Mailing Address, if other than authorized representative	City	State	ZIP Code
Consulting Firm or Contractor, if applicable			

Contact Person	Title	Telephone Number	
Mailing Address	City	State	ZIP Code
E-Mail Address	Fax Number		
Non-Profit Partner, if applicable			

Contact Person	Title	Telephone Number	
Mailing Address	City	State	ZIP Code
E-Mail Address	Fax Number		

Section 3: General Site or Facility Information

Project Name				
Site or Facility Title / Name				County
Street Address	City	State	ZIP Code	Size (in acres) of Site or Facility

1. Who currently owns the property where the site or facility is located?

- ☐ The applicant (proceed to 1.a.)
- ☐ Another local unit of government (list name here): _____ (proceed to 1.a.)
- ☐ Non-profit organization (list name here): _____ (proceed to question 2)
- ☐ Other (list name here): _____ (proceed to 1.b.)

a. If the applicant or another local unit of government owns the property, how was the property acquired?

- ☐ Purchase ☐ Tax Deed/ Foreclosure ☐ Escheat ☐ Purchased using Wisconsin Stewardship Funds
- ☐ Condemnation ☐ Bankruptcy ☐ For the Purpose of Slum Clearance / Blight Elimination
- ☐ Other (please describe): _____ (proceed to question 2)

b. If the applicant, another local unit of government or a non-profit organization does not own the property, has the applicant or another local unit of government initiated the formal process to acquire title to the property?

- ☐ Yes ☐ No

If yes, list the dates and actions that have been taken thus far to initiate the formal acquisition process:

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Section 3: General Site or Facility Information (continued)

2. Who is expected to have ownership or long-term control of the site or facility after the project is completed?

- ☐ the applicant
- ☐ another local unit of government (list name here): _____
- ☐ non-profit organization (list name here): _____
- ☐ unknown

3. Is the site or facility on a property that is currently tax delinquent or that was tax delinquent at the time it was acquired by a local government or non-profit organization?

- ☐ Yes ☐ No

4. Describe the current use of the property, including information about any businesses operating on the property:

5. Check all of the following blight conditions below that you feel apply to the current conditions of the property:

- ☐ Buildings on the property are dilapidated, deteriorated, or obsolete
- ☐ Buildings have inadequate ventilation, light, air, sanitation, or open spaces
- ☐ Buildings are overcrowded or have a high density of occupancy
- ☐ The property has obsolete platting, inadequate or defective street layout, or faulty lot layout
- ☐ There is a diversity of ownership (multiple small lots owned by numerous parties)
- ☐ Site improvements and infrastructure (sewers, sidewalks, etc.) are deteriorated
- ☐ The property title is defective or has unusual conditions (liens, questions about ownership, etc.)
- ☐ Conditions at the property exist that could result in fire
- ☐ Other conditions exist which could endanger life or property (excluding environmental contamination); describe:

Section 4. Site or Facility Information – Environmental Contamination

1. Environmental Reports / Activities: Complete Table 1 below and indicate which of the following activities have been conducted on the site or facility. Please indicate:

- the date that the activity was conducted
- whether or not the report was submitted to the DNR
- whether or not the report was approved by the DNR

Table 1
Site or Facility Information – Environmental Reports / Activities

Activity	Required for application?	Conducted?	Date Activity Was Conducted	Submitted to DNR?	Approved by DNR?
Phase I Environmental Assessment	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	N / A
Phase II Environmental Assessment	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	N / A
Site Investigation (NR 716)	No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial Action Plan / Remedial Action Options Report	No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4. Site or Facility Information – Environmental Contamination (continued)

2. What environmental contaminants are known to be present at the site or facility?

3. Has the State of Wisconsin ever been notified of the discharge of hazardous substance(s) at the site or facility?

☐ Yes ☐ No

If yes, when? _____

Bureau of Remediation and Redevelopment Tracking System (BRRTS) number(s) or other identification number (if known): _____

4. Past Land Uses (select all that apply)

<input type="checkbox"/> Service Station	<input type="checkbox"/> Agricultural Co-op.	<input type="checkbox"/> Salvage Yard	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Coal Gas Manufacturer	<input type="checkbox"/> Electroplater	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Dry Cleaner
<input type="checkbox"/> Bulk Plant	<input type="checkbox"/> Tannery	<input type="checkbox"/> Landfill	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other: _____			

5. Known or Suspected Sources / Wastes (select all that apply)

<input type="checkbox"/> Foundry Sand	<input type="checkbox"/> Surface Spills	<input type="checkbox"/> Routine Industrial Operations	<input type="checkbox"/> Transformer
<input type="checkbox"/> Dumping or Buried Drums	<input type="checkbox"/> Burning of Materials	<input type="checkbox"/> Underground Pipeline or Tank	<input type="checkbox"/> Aboveground Pipeline or Tank
<input type="checkbox"/> Contaminated Building	<input type="checkbox"/> Industrial Accident	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Fly Ash
<input type="checkbox"/> Other: _____			

6. Is this grant application for a site or facility where the person who caused the environmental contamination is financially viable and the applicant is requesting a grant for remedial actions beyond the minimum regulatory responsibilities?

☐ Yes (explain in attachment E) ☐ No

Section 5. General Project Information

1. For which of the following eligible activities is funding being requested: (Select all that apply)

☐ Remedial actions
☐ Preparing a Remedial Action Plan (RAP)

2. Is the remediation budget based on an actual detailed proposal prepared by a consulting engineer? Select "Yes" if the contract to conduct the remediation has been bid out or if the applicant received a detailed engineer's estimate for the remediation.

☐ Yes ☐ No

3. Has committed financing been obtained or budgeted for the **remediation** of this site or facility?

☐ Yes (documentation should be provided in Attachment P) ☐ No

4. Has committed financing been obtained or budgeted for the **development** of the site or facility?

☐ Yes (documentation should be provided in Attachment P) ☐ No

5. What type of long-term public benefits will result from this project? (Select all that apply)

☐ Preservation of green space
☐ Development of recreation areas
☐ Use by the local government

6. Select the category below that best describes the planned end use of the site or facility:

<input type="checkbox"/> Mini-Park / Pocket Park	<input type="checkbox"/> Large Urban Park	<input type="checkbox"/> Library
<input type="checkbox"/> Neighborhood Park	<input type="checkbox"/> Natural Resources Area	<input type="checkbox"/> Fire Station
<input type="checkbox"/> Public / Community Garden	<input type="checkbox"/> Greenway	<input type="checkbox"/> Police Station
<input type="checkbox"/> School Park	<input type="checkbox"/> Sports Complex or Facility	<input type="checkbox"/> Municipal Facility: _____
<input type="checkbox"/> Community Park	<input type="checkbox"/> Trail	<input type="checkbox"/> Other: _____

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Section 5. General Project Information (continued)

7. Select one of the following statements that best describes this project:

- ☐ Expands or enhances an existing green space, recreation area, or public use facility
- ☐ Creates a new green space, recreation area, or public facility

8. Is the redevelopment of this property into its intended use identified in a park plan, redevelopment plan, comprehensive plan, master plan, utilities and community facilities plan, or other community land-use plan?

- ☐ Yes (Provide documentation in Attachment M) ☐ No

If yes, What is the name of the plan: _____

When was it adopted: _____

Include a copy of the relevant sections of that plan with your application as Attachment M

9. Are there any community organizations, local associations, non-profit organizations, local businesses, or other parties that have been involved with this project or who are working on this project with the applicant?

- ☐ Yes (Provide an explanation in Attachment N) ☐ No

Section 6: Proposed Budget and Itemized Breakdown of Grant Request Activities

Table 2

Grant Request and Matching Funds Table

Instructions: Complete the following grant request and matching funds table. Indicate the total grant request and any funds that will be pledged as match. *Leave the shaded boxes blank.*

	A	B	C	D
Activity or Expense	Grant Request	Match Provided by Applicant	Match Provided by Non-Profit or other Local Government*	Total
1. Remedial Actions (use Table 3, worksheet)				
2. Preparation of Remedial Action Plan (use Table 3, worksheet)				
3. Total Grant Request (total of lines 1 & 2 in column A)				
4. Property acquisition costs				
5. Payment or Cancellation of delinquent taxes				
6. Site maintenance or security				
7. Site Investigation costs (ch. NR 716)				
8. Planning and design of the green space, recreational area or use by a local government				
9. Demolition of buildings or structures				
10. Asbestos abatement activities associated with demolition				
11. Removal of underground storage tanks				
12. Removal of abandoned containers				
13. Removal of debris, solid waste and scrap materials				
14. Total Match per column (total of lines 1 through 13 in column b and column c)				
15. Total Pledged Match (total of line 14 column b and c)				
16. Pledged Grant Match Percentage - Divide amount in Column D, line 15 by amount in Column A, line 3.				%

(Note: Minimum match % varies based on size of grant request, see page 4 of the instructions (pub #RR-695) for more information. An applicant that pledges more than the required match % shall be responsible for providing that same pledged grant match percentage of the total final cost.)

* Note: If matching funds are contributed by a party other than the applicant, that party must provide a signed letter explaining their commitment to providing matching funds for the grant. The applicant must submit that signed letter with this application as Attachment J.

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Section 6: Proposed Budget and Itemized Breakdown of Grant Request Activities (continued)

Table 3

Worksheet – Remedial Action Costs or Remedial Action Plan

Instructions: Use Table 3 to itemize the cost of each remedial action activity, including the cost to prepare a remedial action plan. Include costs for which grant funds will be used as well as costs that will count as matching funds. For example, remedial activities might include, but are not limited to:

- soil excavation
- groundwater monitoring
- engineering fees
- installation of soil vapor extraction system

Attach additional sheets, if necessary. Place name of project and name of applicant at the top right corner of each additional sheet.

Total the request at the bottom of Table 3. The total should be equal to the total grant request in Table 2, Column A, Line 3.

Activity	Cost	Subtotal
1. Remedial Actions		
Subtotal for Remedial Actions		
2. Remedial Action Plan		
Subtotal for Remedial Action Plans		
Total Cost for Remedial Action & Remedial Action Plan (grant and match combined)		
Total Grant Request (Should equal amount in Table 2, Column A, Line 3)		

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Section 6: Proposed Budget and Itemized Breakdown of Grant Request Activities (continued)

Table 4
Past Cost Table (optional)

Instructions: If the applicant or another organization has paid for grant-eligible activities or activities eligible for matching funds that have been conducted in the past **five** years, those costs can count towards a higher score for this application. If the applicant would like to count these costs toward their score, complete Table 4 and provide one copy of paid invoices or other proofs of payment for all costs in Attachment Q. ****Do not include costs that have already been or will be reimbursed by state or federal funds.**

Activity or Expense Paid Before January 17, 2003	A	B	C
	Past Costs Paid by Applicant	Past Cost Paid by Non-Profit or Other Local Government	Total Past Costs Paid
1. Remedial Action			
2. Preparation of Remedial Action Plan			
3. Property acquisition costs			
4. Payment or Cancellation of delinquent taxes			
5. Site maintenance or security			
6. Site Investigation costs (ch. NR 716)			
7. Planning and design of the green space, recreational area or use by a local government			
8. Demolition of buildings or structures			
9. Asbestos abatement activities associated with demolition			
10. Removal of underground storage tanks			
11. Removal of abandoned containers			
12. Removal of debris, solid waste and scrap materials			
13. Total Past Costs Paid			

Section 7: Application Attachments

Include each of the following attachments in your application packet as described in the application instructions. Select each attachment that is included with this application.

Required Attachments: (select those that you are providing)

- ☐ A. Environmental Assessment
- ☐ B. Map
- ☐ C. Photographs
- ☐ D. Environmental Summary
- ☐ E. Causer Information
- ☐ F. Grant Activities
- ☐ G. Reuse Plan
- ☐ H. Community Need
- ☐ I. Municipal Resolution

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Section 7: Application Attachments (continued)

Attachments Required in Certain Circumstances: (select those that you are providing)

- ☐ J. Match Letter
- ☐ K. Cleanup Letter
- ☐ L. Other Financial

Additional Attachments: (select those that you are providing)

- ☐ M. Land-Use Plan
- ☐ N. Community Partners
- ☐ O. Public Participation
- ☐ P. Committed Funding
- ☐ Q. Past Costs

Section 8: Certification

I certify that the persons who will conduct professional services and carry out the grant activities for the applicant have the necessary legal, managerial, and/or technical qualifications required by local, state, and federal law.

I certify that information in this application and all its attachments is true and correct and in conformity with applicable Wisconsin Statutes.

Print / Type Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date Signed

Mail Completed Applications and Attachments To:

BF Green Space and Public Facilities Grant Manager - RR/3
DNR Bureau for Remediation and Redevelopment
PO Box 7921
Madison, WI 53707